



GP2154

09/900859

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	900859
	Filing Date	July 10, 2001
	First Named Inventor	Agassy David
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number Type Customer Number here Place Customer Number Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	David Agassy				
Address	Sirkin 34				
Address					
City	Sivataim	State	-	ZIP	53254
Country	Israel				
Telephone	972-3-6720790	Fax	972-3-6727395		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

RECEIVED

MAY 23 2003

I am the :

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Technology Center 2100

Typed or Printed Name	Agassy Meir
Signature	Meir Agassy
Date	14.4.2003
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input checked="" type="checkbox"/> Total of 2 forms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	900859
Filing Date	July 10, 2001
First Named Inventor	Agassy David
Art Unit	
Examiner Name	
Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number
Type Customer Number herePlace Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	David Agassy				
Address	Sirkin 34				
Address					
City	Givataim	State		ZIP	53254
Country	Israel				
Telephone	972-3-6720790	Fax	972-3-6727395		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

RECEIVED

MAY 23 2003

Technology Center 2100

Typed or Printed
Name

Agassy David

Signature

David Agassy

Date

14.4.2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.